



Recreation and Parks Department
REFUND REQUEST

Date: _____

Payer Name: _____
Last First

Address: _____
(Street) (City) (Zip)

Email: _____ Phone: _____

Program/Facility Information

(A \$10 Administration fee will be assessed for all refund requests except program cancellations by R&P)

Refund Request for (program/facility): _____

Participant Name: _____

Amount Paid: _____ Receipt #: _____

Reason for Refund: _____

Refund by: Check ☐ Activenet Account ☐
(\$10 fee waived)

Office use only

Processed by (staff): _____

Comments: _____

Director Signature _____

Date _____